

**DECLARATION AND POWER OF ATTORNEY  
FOR PATENT APPLICATIONS**

Docket No.: 7068.00001  
Attorney : Rob L. Phillips

As below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **MOTION BASED SYSTEM**, the specification of which is attached hereto unless the following is checked:

( ) was filed on as United States Application Number or PCT Application No. was amended on (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or (f) § 365(b) of the foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Claimed Yes / No	Certified Copy Attached Yes / No

**POWER OF ATTORNEY:** I hereby appoint the following attorneys and agents of the law firm Quirk & Tratos to prosecute this application and any International application under the Patent Cooperation Treaty based on it and to transact all business in the U.S. Patent and Trademark Office connected with either of them in accordance with instructions from the assignee of the entire interest in this application; or from the first or sole inventor named below in the event the application is not assigned; or from in the event the power granted herein is for an application filed on behalf of a foreign attorney or agent.

R. Richard Costello (Reg. No. 51,583)  
Carrie E. Peterman (Reg. No. 52,113)  
Rob L. Phillips (Reg. No. 40,305)

Edward J. Quirk (Reg. No. 23,018)  
Sarah Barone Schwartz (Reg. No. 40,284)

The authority under this Power of Attorney of each person named above shall automatically terminate and be revoked upon such person ceasing to be a member or associate of or of counsel to that law firm.

**DIRECT TELEPHONE CALLS TO:** : Rob L. Phillips at 702-792-3773

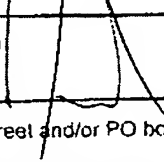
**SEND CORRESPONDENCE TO** : Quirk & Tratos (Customer No. 29747)  
3773 Howard Hughes Parkway  
Suite 500 North  
Las Vegas, Nevada 89109

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

# DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATIONS

Docket No.: 7068.00001

Page 2

Full name of sole or first inventor Jared Freeman Solomon	Inventor's signature 	Date 2/11/04
Residence (city, state and country) Venice, California, U.S.	Mailing address (street and/or PO box), city, state, zip code, country) 235 1/2 3rd Avenue, Venice, California, 90291, U.S.	Citizenship US

Full name second inventor	Inventor's signature	Date
Residence (city, state and country)	Mailing address (street and/or PO box), state, zip code, country)	Citizenship

Full name of third inventor	Inventor's signature	Date
Residence (city, state and country)	Mailing address (street and/or PO box), state, zip code, country)	Citizenship

Full name of fourth inventor	Inventor's signature	Date
Residence (city, state and country)	Mailing address (street and/or PO box), state, zip code, country)	Citizenship

Full name of fifth inventor	Inventor's signature	Date
Residence (city, state and country)	Mailing address	Citizenship